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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/709,903-Conf. #3902
	Filing Date	June 4, 2004
	First Named Inventor	Charles F. Harris, Jr.
	Art Unit	3772
	Examiner Name	Jackson, Brandon Lee
	Attorney Docket Number	11755-00003-US

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:


Client has repeatedly failed to pay past due balance for work associated with the above application after multiple requests over a time period exceeding one year.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Wristband Enterprises LLC		
Address		20 Christian Woods Court		
City	Newark	State	DE	Zip 19702
Country	US			
Telephone	(302) 377-4105	Email		
Signature				
Name	Patricia Smink Rogowski	Registration No.	33,791	
Date	February 19, 2007	Telephone No.	(302) 658-9141	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.